

of Claimed Infringement

Full Legal Name of Service Provider: Babson College

Alternative Name(s) of Service Provider (including all names under which the service provider is doing business): _____

Address of Service Provider: Babson Park, MA 02457

Name of Agent Designated to Receive Notification of Claimed Infringement: primary contact: Frances Nilsson
secondary contact: Glenn Hill

Full Address of Designated Agent to which Notification Should be Sent (a P.O. Box or similar designation is not acceptable except where it is the only address that can be used in the geographic location):

Babson College

Babson Park, MA 02457

Telephone Number of Designated Agent: primary 781-239-5486
secondary 781-239-4516

Facsimile Number of Designated Agent: primary 781-239-5226
secondary 781-239-6427

Email Address of Designated Agent: primary nilsson@babson.edu
secondary hillg@babson.edu

Signature of Officer or Representative of the Designating Service Provider: _____

Date: 3/5/99

Typed or Printed Name and Title: Manager, Enterprise Technology Planning

Note: This Interim Designation Must be Accompanied by a \$20 Filing Fee
Made Payable to the Register of Copyrights.

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in and \$20 check to:

GC/I+R
P.O. Box 70400
Southwest Station
Washington, DC 20024

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